

STATE OF TENNESSEE
Office of Vital Records

GOVERNMENT
EXHIBIT
A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 038023

DECEDENT		1. DECEDENT'S LEGAL NAME WILLIAM JAMES STONE JR.					2. SEX MALE	3. DATE OF DEATH 07/09/2018		
TYPE/PRINT IN PERMANENT BLACK INK		4. TIME OF DEATH (Approx.) 12:24 PM	5a. AGE 89	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH 1929	7. BIRTHPLACE BRISTOL, VA			
NAME OF DECEASED PRINTED OR TYPEWRITTEN		8a. PLACE OF DEATH DECEDENT'S HOME					8b. CITY OR TOWN BRISTOL		9. COUNTY OF DEATH SULLIVAN	
PARENTS		10. SURVIVING SPOUSE (name prior to first marriage) WIDOWED		11a. DECEDENT'S USUAL OCCUPATION OWNER			11b. KIND OF BUSINESS/INDUSTRY COAL			
DISPOSITION		12. SOCIAL SECURITY NUMBER 3279		13a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE		13b. COUNTY SULLIVAN	13c. CITY OR TOWN BRISTOL			
REGISTRAR		13d. STREET AND NUMBER		13e. INSIDE CITY LIMITS? YES		13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES? NO			
CERTIFIER		15. DECEDENT'S EDUCATION BACHELOR'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE WHITE				
MEDICAL CERTIFICATION		18. FATHER'S NAME WILLIAM JAMES STONE		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARGARET CHILDRESS						
CERTIFIER		20a. INFORMANT'S NAME PATRICIA LOUISE STONE		20b. RELATIONSHIP TO DECEDENT DAUGHTER		20c. MAILING ADDRESS TN 37620				
DISPOSITION		21a. METHOD OF DISPOSITION BURIAL		21b. PLACE OF DISPOSITION GLENWOOD CEMETERY		21c. LOCATION BRISTOL, TN				
REGISTRAR		22a. SIGNATURE OF FUNERAL DIRECTOR ►/s/ BRENT BUCHANAN		22b. LICENSE NUMBER 6522	22c. SIGNATURE OF EMBALMER ►/s/ ANTHONY HARRIS		22d. LICENSE NUMBER 5879			
CERTIFIER		23a. NAME AND ADDRESS OF FUNERAL HOME OAKLEY-COOK FUNERAL HOME AND CREMATORIUM, 2223 VOLUNTEER PKWY, BRISTOL, TN 37620					23b. LICENSE NUMBER 563			
REGISTRAR		24. REGISTRAR'S SIGNATURE ►/s/ EDWARD G. BISHOP III		25. DATE FILED 07/12/2018						
CERTIFIER		26. PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) IN THE MANNER STATED. 26b. MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.								
REGISTRAR		27a. CERTIFIER ►/s/ KEITH RAY COOK		27b. LICENSE NUMBER 028176	27c. DATE SIGNED 07/12/2018					
CERTIFIER		27d. NAME AND ADDRESS KEITH RAY COOK 301 MED-TECH PARKWAY SUITE 240, JOHNSON CITY, TN 37604								
REGISTRAR		28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE OF DEATH.					APPROXIMATE INTERVAL ONSET TO DEATH			
CERTIFIER		IMMEDIATE CAUSE Final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. Atherosclerotic cardiovascular disease b. c. d. {		DUE TO (OR A CONSEQUENCE OF)			UNKNOWN			
REGISTRAR		30. MANNER OF DEATH NATURAL		31. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	32. IF FEMALE N/A	29a. WAS AN AUTOPSY PERFORMED? NO				
CERTIFIER		33. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
REGISTRAR				34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY				

PH-1659 (Rev. 8/2017)

ROA 10112

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III

Edward G. Bishop III
State Registrar

M. J. Dreyzehner
John J. Dreyzehner, MD, MPH, FACP
COMMISSIONER

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Date Issued JUL 12 2018

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CERTIFICATION OF VITAL RECORD

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